

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6336</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Marion B Davis</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 983</u> Street City <u>Bamberg</u> State <u>South Carolina</u> ZIP Code + 4 <u>29003</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 509</u> Labor Organization File Number <u>036315</u> P.O. Box, Building and Room Number, if any Street <u>1213 State St.</u> City <u>Cayce</u> State <u>South Carolina</u> ZIP Code + 4 <u>29033</u>
5. Position in labor organization. <u>Business Agent</u>	

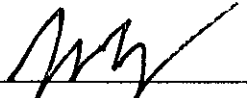
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>none</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>To the best of my knowledge, I have nothing to report.</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/2005

Date

803-796-6172

Telephone Number

Name of Person Filing Marion Davis	File Number U-
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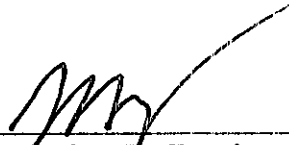
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name none</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name none</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>To the best of my knowledge, I have nothing to report.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>To the best of my knowledge, I have nothing to report.</p>
	<p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name none</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>To the best of my knowledge, I have nothing to report.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$0</p>

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for the calendar year 2004, I will file an ammended Form LM-30.



Marion B. Davis

8-12-05

Date

UPS Next Day Air
UPS Worldwide Express
Shipping Document

TRACKING NUMBER **J128 782 643 4**

SHIPMENT FROM
 SHIPPER'S UPS ACCOUNT NO. **F66-R78**
 REFERENCE NUMBER

TELEPHONE
TLU 509 803-796-6172
Marion Davis
1213 State St.
Cayce, S.C. 29033

EX-EMERGENCY DELIVERY TO
 TELEPHONE
US Dept. of Labor
ESA/OLMS Room N-5616
200 Constitution Ave N.W.
Washington D.C. 20210-0001



3	WEIGHT LTR	DIMENSIONAL WEIGHT	
4	<input checked="" type="checkbox"/> NEXT DAY AIR	<input type="checkbox"/> EXPRESS (INT'L)	CHARGES 1
	FOR WORLDWIDE EXPRESS SHIPMENTS Marking "X" in this box if Japan. (only containing documents of no domestic value.)		<input type="checkbox"/> DOCUMENTS ONLY
5	<input checked="" type="checkbox"/> SATURDAY PICKUP	<input type="checkbox"/> SATURDAY DELIVERY	
	<input type="checkbox"/> INSURED VALUE	\$ AMOUNT	\$
	<input type="checkbox"/> C.O.D.	\$ AMOUNT	\$
6	<input type="checkbox"/> ADDITIONAL HANDLING CHARGE		\$
7	PAID TO ORDER OF		\$
	PAID TO ORDER OF		\$

8 RECEIVERS / THIRD PARTY'S UPS ACCT NO OR MAJOR CREDIT CARD NO. EXPIRATION DATE
 THIRD PARTY'S COMPANY NAME AND ADDRESS

9 SHIPPER'S SIGNATURE **X** *mf* DATE OF SHIPMENT **8 12 05**

UPS COPY